

0	0													0
---	---	--	--	--	--	--	--	--	--	--	--	--	--	---

TAXABLE YEAR

FORM

1999 California Individual Income Tax Declaration for e-file 8453

USE LABEL Otherwise please print or type	Your first name and initial		Last name		Your social security number	
	If joint return, also give spouse's name and initial		Last name		Spouse's social security number	
	Present home address — number and street including PO Box or rural route		Apt. no.	PMB no.	Daytime telephone number	
	City, town or post office, state and ZIP Code					

Part I Tax Return Information

1 Refund. (Form 540, line 61; Form 540A, line 35; Form 540EZ, line 35; Form 540 2EZ, line 20; or Form 540NR, line 70)	1 _____
2 Amount you owe (Form 540, line 62; Form 540A, line 36; Form 540EZ, line 36; Form 540 2EZ, line 21; or Form 540NR, line 71) 2 _____	
2a Amount to be automatically withdrawn	2a _____
2b Date of the automatic withdrawal (MM/DD/YY) 2b _____ / _____ / _____	

Part II Direct Deposit or Automatic Withdrawal

3 Routing number	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	The first two digits of the routing number must be 01 through 12 or 21 through 32.
4 Account number	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
5 Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be automatically withdrawn as designated in Part II. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund or authorize an automatic withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO) or transmitter, including my address and social security number, and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 1999 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I filed a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I consent that my return and accompanying schedules and statements be transmitted to the FTB by my ERO or transmitter. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO and/or the transmitter the reason(s) for the delay or the date when the refund was sent.**

Sign Here

It is unlawful to forge a spouse's signature.

<div style="border-bottom: 1px solid black; width: 300px;"></div> Your signature	<div style="border-bottom: 1px solid black; width: 100px;"></div> Date	<div style="border-bottom: 1px solid black; width: 300px;"></div> Spouse's signature. If filing joint, both must sign.	<div style="border-bottom: 1px solid black; width: 100px;"></div> Date
--	--	--	--

For Privacy Act Notice, get form FTB 1131

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information to be filed with the FTB and I have followed all other requirements described in FTB Pub. 1345, e-file Handbook for State of California Individual Income Tax Returns. I will keep form FTB 8453 on file for 4 years from the due date of the return and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN/PTIN	
	Firm's name (or yours if self-employed) and address				FEIN	
					ZIP Code	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN/PTIN		
	Firm's name (or yours if self-employed) and address				FEIN	
					ZIP Code	

Instructions for Form FTB 8453

California Individual Income Tax Declaration for e-file

General Information

What's New for 1999?

Private Mailbox (PMB) Numbers – If you lease a mailbox from a private business rather than from the United States Postal Service enter the box number in the special field labeled "PMB no." in the address area of form FTB 8453.

Practitioner Tax Identification Number (PTIN) – Tax preparers now have the option of using a unique identification number (PTIN) instead of their social security number when signing individuals' tax returns.

Paying Your Taxes

Your tax return is due on April 17, 2000. If you owe tax it must be paid by April 17, 2000, to avoid penalties and interest. If you choose to file your balance due return electronically, your Electronic Return Originator (ERO) or on-line service provider will give you a completed form FTB 3582, Payment Voucher for Electronically Transmitted Returns.

- **Pay by automatic withdrawal:** You can have your balance due automatically withdrawn from your checking or savings account. See Part II.
- **Pay by check or money order:** Mail form FTB 3582 with your check or money order to the Franchise Tax Board using the address printed on the voucher.
- **Pay by credit card:** You can use your Discover/NOVUS, MasterCard, or American Express card to pay your tax. You will be charged a fee for this service. If you pay by credit card, do not mail the voucher (form FTB 3582) to the Franchise Tax Board (FTB). Call (888) 272-9829, or visit the website: www.8882paytax.com

A Purpose of Form FTB 8453

Taxpayers who file on-line and EROs use form FTB 8453 as an authorization to transmit the tax return electronically to the FTB either directly or through a transmitter. The form also serves as a record of filing an electronic return and the ERO or taxpayer should retain the form FTB 8453 for 4 years from the due date of the return. **DO NOT MAIL FORM FTB 8453 TO THE FTB.**

B Taxpayer Responsibilities

Taxpayer(s) that use an ERO must:

- Verify all information on the form FTB 8453, including social security number;
- Inspect the paper copy of the return and ensure the information is correct; and
- **Sign form FTB 8453 after the return has been prepared but before it is transmitted.**

Taxpayer(s) that file on-line must retain the following documents for 4 years from the due date of the return and make them available to the FTB upon request:

- Original form FTB 8453;
- Original Form(s) W-2, W-2G, and 1099R; and
- A paper copy of Form 540, Form 540A, Form 540EZ, Form 540 2EZ, or Form 540NR showing the data transmitted to the FTB.

C ERO Responsibilities

The ERO must do all of the following:

- Obtain taxpayer's signature;
- Provide taxpayer(s) with:
 1. A copy of form FTB 8453;
 2. Form(s) W-2, W-2G, and 1099R; and
 3. A print out of a completed Form 540, Form 540A, Form 540EZ, Form 540 2EZ, or Form 540NR.
- Retain the original signed form FTB 8453 for 4 years from the due date of the return.

Specific Instructions

Declaration Control Number (DCN)

The DCN is a unique 14-digit number assigned by the software program to each taxpayer's return. The DCN must be entered in the boxes at the top of form FTB 8453.

Entity Information

Enter the taxpayer's name, address, and social security number (SSN) in the spaces provided. If filing a joint return, include spouse's name and SSN.

Part I – Tax Return Information

Enter only whole dollar amounts. The amounts entered must be the same as reported on the electronically filed return.

Line 2a – Enter the amount to be withdrawn from taxpayer(s) account.

Line 2b – Enter the date the automatic withdrawal is to take place.

Part II – Direct Deposit or Automatic Withdrawal

Enrollment in direct deposit/automatic withdrawal is voluntary and applies only to the current year. Taxpayers who want their refunds directly deposited or their payment automatically withdrawn from their account with a bank or other financial institution must complete Part II. Taxpayers should use a check, use a statement, or call their financial institution to verify the routing number and account number.

Line 3 – The routing number must be nine digits and begin with 01 through 12 or 21 through 32.

Line 4 – The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. If fewer than 17 characters, enter the number from left to right and leave the unused boxes blank.



Do not use a deposit slip as it may contain internal routing numbers.

John Doe
Mary Doe
1234 Main Street
Anytown, CA 99999

PAY TO THE ORDER OF \$

ANYTOWN BANK
Anytown, CA 99999

For

Routing number: 123456789
Account number: 1234567890123456789

Do not include the check number

1234

To cancel the automatic withdrawal process, taxpayers must call the FTB at (916) 845-0353 two working days before the date of the withdrawal.

FTB is not responsible when a financial institution rejects a direct deposit or automatic withdrawal transaction. If the bank or financial institution rejects the direct deposit due to an error in the routing number or account number, a paper check will be issued.

If the bank or financial institution rejects the automatic withdrawal due to an error in the routing number or account number, the taxpayer(s) will receive a notice from the FTB that may include penalties and interest.

Part III – Declaration of Taxpayer

An electronically transmitted tax return will not be considered complete or filed unless form FTB 8453 is signed by the taxpayer(s) before the electronic return is transmitted to the FTB.

Part IV – Declaration of Electronic Return Originator (ERO) and Paid Preparer

The ERO must sign and complete this part.

Only handwritten signatures are acceptable. If the ERO is also the paid preparer, the ERO must check the box labeled "Check if also paid preparer."

If the paid preparer is not the ERO, the paid preparer must sign in the space for "Paid Preparer's Use Only."

Refund Information

To find out about your tax refund, call the FTB's automated toll-free telephone service at (800) 338-0505. You will need your social security number, the numbers in your street address, box number or route number, and your ZIP Code to use this service. Refund information is available 24 hours a day, 7 days a week.

Assistance for Persons with Disabilities

The Franchise Tax Board complies with the provisions of the Americans with Disabilities Act. For persons with hearing or speech impairment, call:

From voice phone: (California Relay Service) (800) 735-2922
From TTY/TDD: (Direct line to FTB customer service) (800) 822-6258
For all other assistance or special accommodations, call (800) 852-5711